


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000044868 1. Entity Name DOVER FRESH PRODUCE, LLC	
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Principal Place of Business
**3120 NORTH DOVER ROAD
DOVER, FL 33527**

Mailing Address
**PO BOX 959
DOVER, FL 33527**



02242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1260206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILLIAMSON, MARCUS G
3120 NORTH DOVER ROAD
DOVER, FL 33527**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STICKLES, JOHN B
STREET ADDRESS	3932 MOORES LAKE ROAD
CITY-ST-ZIP	DOVER, FL 33527

TITLE	MGRM
NAME	WILLIAMSON, SAMUEL
STREET ADDRESS	2305 SYDNEY DOVER ROAD
CITY-ST-ZIP	DOVER, FL 33527

TITLE	MGRM
NAME	WILLIAMSON, MARCUS G
STREET ADDRESS	P.O. BOX 279
CITY-ST-ZIP	DOVER, FL 335

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000306405
04/15/05-80013-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Marcus G. Williamson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/05

Date

813 659-1269

Daytime Phone #